

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**ALAMEDA COUNTY TREASURER**

1221 OAK ST

OAKLAND CA 94612

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	101,099.64
November 2007 Fees Collected	92,737.27
December 2007 Fees Collected	96,152.34

<b>Gross Claim</b>	<b>\$289,989.25</b>
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<b>Net Claim / Payment Amount</b>	<b>\$289,989.25</b>
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<b>YTD Amount:</b>	<b>\$607,377.74</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	216.91
November 2007 Fees Collected	149.25
December 2007 Fees Collected	150.26

<b>Gross Claim</b>	<b>\$516.42</b>
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<b>Net Claim / Payment Amount</b>	<b>\$516.42</b>
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<b>YTD Amount:</b>	<b>\$936.32</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

COLUSA COUNTY TREASURER  
546 JAY ST

COLUSA CA 95932

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	1,803.83
November 2007 Fees Collected	1,817.44
December 2007 Fees Collected	1,856.57

<b>Gross Claim</b>	<b>\$5,477.84</b>
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<b>Net Claim / Payment Amount</b>	<b>\$5,477.84</b>
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<b>YTD Amount:</b>	<b>\$11,090.31</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

CONTRA COSTA COUNTY TREASURER  
625 COURT ST RM 102

MARTINEZ CA 94553

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	72,025.68
November 2007 Fees Collected	66,162.53
December 2007 Fees Collected	68,758.83

<b>Gross Claim</b>	<b>\$206,947.04</b>
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<b>Net Claim / Payment Amount</b>	<b>\$206,947.04</b>
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<b>YTD Amount:</b>	<b>\$437,434.06</b>
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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	1,807.27
November 2007 Fees Collected	1,764.04
December 2007 Fees Collected	1,701.54

<b>Gross Claim</b>	<b>\$5,272.85</b>
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<b>Net Claim / Payment Amount</b>	<b>\$5,272.85</b>
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<b>YTD Amount:</b>	<b>\$11,150.40</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE CA 95667

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	16,138.37
November 2007 Fees Collected	14,562.81
December 2007 Fees Collected	14,312.88

<b>Gross Claim</b>	<b>\$45,014.06</b>
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<b>Net Claim / Payment Amount</b>	<b>\$45,014.06</b>
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<b>YTD Amount:</b>	<b>\$95,511.20</b>
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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	55,532.37
November 2007 Fees Collected	52,095.08
December 2007 Fees Collected	53,529.34

<b>Gross Claim</b>	<b>\$161,156.79</b>
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<b>Net Claim / Payment Amount</b>	<b>\$161,156.79</b>
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<b>YTD Amount:</b>	<b>\$339,052.02</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

GLENN COUNTY TREASURER  
PO BOX 151

WILLOWS CA 95988

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	2,313.54
November 2007 Fees Collected	2,337.28
December 2007 Fees Collected	2,639.64

<b>Gross Claim</b>	<b>\$7,290.46</b>
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<b>Net Claim / Payment Amount</b>	<b>\$7,290.46</b>
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<b>YTD Amount:</b>	<b>\$14,754.01</b>
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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**HUMBOLDT COUNTY TREASURER**

825 FIFTH ST RM 125

EUREKA CA 95501

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	10,461.11
November 2007 Fees Collected	9,937.83
December 2007 Fees Collected	10,383.83

<b>Gross Claim</b>	<b>\$30,782.77</b>
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<b>Net Claim / Payment Amount</b>	<b>\$30,782.77</b>
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<b>YTD Amount:</b>	<b>\$64,516.13</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

INYO COUNTY TREASURER  
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	1,923.50
November 2007 Fees Collected	1,818.02
December 2007 Fees Collected	1,832.10

<b>Gross Claim</b>	<b>\$5,573.62</b>
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<b>Net Claim / Payment Amount</b>	<b>\$5,573.62</b>
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<b>YTD Amount:</b>	<b>\$11,890.29</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	52,786.68
November 2007 Fees Collected	49,017.47
December 2007 Fees Collected	48,594.81

<b>Gross Claim</b>	<b>\$150,398.96</b>
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<b>Net Claim / Payment Amount</b>	<b>\$150,398.96</b>
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<b>YTD Amount:</b>	<b>\$313,838.31</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

KINGS COUNTY TREASURER  
PO BOX 1406

SACRAMENTO CA 95812 1406

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	7,984.29
November 2007 Fees Collected	7,207.08
December 2007 Fees Collected	7,522.36

<b>Gross Claim</b>	<b>\$22,713.73</b>
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<b>Net Claim / Payment Amount</b>	<b>\$22,713.73</b>
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<b>YTD Amount:</b>	<b>\$47,905.39</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	2,381.19
November 2007 Fees Collected	2,227.00
December 2007 Fees Collected	2,240.59

<b>Gross Claim</b>	<b>\$6,848.78</b>
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<b>Net Claim / Payment Amount</b>	<b>\$6,848.78</b>
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<b>YTD Amount:</b>	<b>\$14,788.95</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	632,680.10
November 2007 Fees Collected	575,132.46
December 2007 Fees Collected	603,117.28

<b>Gross Claim</b>	<b>\$1,810,929.84</b>
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<b>Net Claim / Payment Amount</b>	<b>\$1,810,929.84</b>
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<b>YTD Amount:</b>	<b>\$3,762,093.31</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

MADERA COUNTY TREASURER  
C/O BANK OF AMERICA  
PO BOX 1859  
SACRAMENTO CA 95812 1859

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	9,300.25
November 2007 Fees Collected	8,650.39
December 2007 Fees Collected	9,051.36

<b>Gross Claim</b>	<b>\$27,002.00</b>
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<b>Net Claim / Payment Amount</b>	<b>\$27,002.00</b>
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<b>YTD Amount:</b>	<b>\$56,136.86</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	19,449.14
November 2007 Fees Collected	17,939.80
December 2007 Fees Collected	18,766.92

<b>Gross Claim</b>	<b>\$56,155.86</b>
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<b>Net Claim / Payment Amount</b>	<b>\$56,155.86</b>
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<b>YTD Amount:</b>	<b>\$117,481.61</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA 95482

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	8,279.25
November 2007 Fees Collected	7,672.26
December 2007 Fees Collected	8,049.84

<b>Gross Claim</b>	<b>\$24,001.35</b>
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<b>Net Claim / Payment Amount</b>	<b>\$24,001.35</b>
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<b>YTD Amount:</b>	<b>\$49,485.30</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

MERCED COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	15,471.83
November 2007 Fees Collected	14,330.94
December 2007 Fees Collected	15,167.71

<b>Gross Claim</b>	<b>\$44,970.48</b>
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<b>Net Claim / Payment Amount</b>	<b>\$44,970.48</b>
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<b>YTD Amount:</b>	<b>\$92,090.32</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

MONO COUNTY TREASURER  
PO BOX 495

BRIDGEPORT CA 93517

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	1,203.98
November 2007 Fees Collected	1,080.61
December 2007 Fees Collected	1,101.21

<b>Gross Claim</b>	<b>\$3,385.80</b>
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<b>Net Claim / Payment Amount</b>	<b>\$3,385.80</b>
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<b>YTD Amount:</b>	<b>\$7,217.75</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

MONTEREY COUNTY TREASURER  
PO BOX 1406

SACRAMENTO CA 95812 1406

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	27,549.95
November 2007 Fees Collected	25,876.07
December 2007 Fees Collected	25,466.40

<b>Gross Claim</b>	<b>\$78,892.42</b>
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<b>Net Claim / Payment Amount</b>	<b>\$78,892.42</b>
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<b>YTD Amount:</b>	<b>\$166,644.94</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**NAPA COUNTY TREASURER**

1195 THIRD ST RM 108

NAPA CA 94559 3035

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	10,649.19
November 2007 Fees Collected	9,784.65
December 2007 Fees Collected	10,047.54

<b>Gross Claim</b>	<b>\$30,481.38</b>
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<b>Net Claim / Payment Amount</b>	<b>\$30,481.38</b>
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<b>YTD Amount:</b>	<b>\$64,584.85</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

ORANGE COUNTY TREASURER  
PO BOX 981024

WEST CA 95798 1024  
SACRAMENTO

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	209,621.51
November 2007 Fees Collected	193,718.44
December 2007 Fees Collected	197,868.73

<b>Gross Claim</b>	<b>\$601,208.68</b>
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<b>Net Claim / Payment Amount</b>	<b>\$601,208.68</b>
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<b>YTD Amount:</b>	<b>\$1,260,464.42</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

PLACER COUNTY TREASURER  
PO BOX 7790

AUBURN CA 95604

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	20,470.59
November 2007 Fees Collected	22,452.94
December 2007 Fees Collected	23,285.51

<b>Gross Claim</b>	<b>\$66,209.04</b>
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<b>Net Claim / Payment Amount</b>	<b>\$66,209.04</b>
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<b>YTD Amount:</b>	<b>\$71,260.54</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

RIVERSIDE COUNTY TREASURER  
C/O UNION BANK OF CA ST GOV  
PO BOX 4035  
SACRAMENTO CA 95812 4035

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	136,128.59
November 2007 Fees Collected	125,525.38
December 2007 Fees Collected	126,530.88

<b>Gross Claim</b>	<b>\$388,184.85</b>
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<b>Net Claim / Payment Amount</b>	<b>\$388,184.85</b>
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<b>YTD Amount:</b>	<b>\$812,735.28</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SACRAMENTO COUNTY TREASURER  
PO BOX 980264

WEST CA 95798 0264  
SACRAMENTO

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	93,875.48
November 2007 Fees Collected	84,481.05
December 2007 Fees Collected	84,077.49

<b>Gross Claim</b>	<b>\$262,434.02</b>
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<b>Net Claim / Payment Amount</b>	<b>\$262,434.02</b>
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<b>YTD Amount:</b>	<b>\$554,184.85</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**SAN BENITO COUNTY TREASURER**  
COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA 95023

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	4,102.90
November 2007 Fees Collected	3,885.93
December 2007 Fees Collected	4,002.21

<b>Gross Claim</b>	<b>\$11,991.04</b>
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<b>Net Claim / Payment Amount</b>	<b>\$11,991.04</b>
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<b>YTD Amount:</b>	<b>\$25,288.04</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SAN BERNARDINO CO TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	132,104.99
November 2007 Fees Collected	122,266.32
December 2007 Fees Collected	125,599.69

<b>Gross Claim</b>	<b>\$379,971.00</b>
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<b>Net Claim / Payment Amount</b>	<b>\$379,971.00</b>
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<b>YTD Amount:</b>	<b>\$794,799.40</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SAN DIEGO COUNTY TREASURER  
PO BOX 2920

SACRAMENTO CA 95812 2920

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	201,157.49
November 2007 Fees Collected	201,370.96
December 2007 Fees Collected	205,437.58

<b>Gross Claim</b>	<b>\$607,966.03</b>
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<b>Net Claim / Payment Amount</b>	<b>\$607,966.03</b>
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<b>YTD Amount:</b>	<b>\$1,273,104.30</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**SAN FRANCISCO COUNTY TREASURER**

1 DR CARLTON B GOODLETT PL  
CITY HALL 140  
SAN FRANCISCO CA 94102

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	40,865.65
November 2007 Fees Collected	37,097.84
December 2007 Fees Collected	40,244.37

<b>Gross Claim</b>	<b>\$118,207.86</b>
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<b>Net Claim / Payment Amount</b>	<b>\$118,207.86</b>
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<b>YTD Amount:</b>	<b>\$244,714.58</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**SAN JOAQUIN COUNTY TREASURER**  
PO BOX 981355

WEST CA 95798 1355  
SACRAMENTO

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	44,196.51
November 2007 Fees Collected	40,147.99
December 2007 Fees Collected	43,423.46

<b>Gross Claim</b>	<b>\$127,767.96</b>
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<b>Net Claim / Payment Amount</b>	<b>\$127,767.96</b>
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<b>YTD Amount:</b>	<b>\$266,593.68</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SAN LUIS OBISPO COUNTY TREASURER  
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	21,318.62
November 2007 Fees Collected	19,652.89
December 2007 Fees Collected	19,812.87

<b>Gross Claim</b>	<b>\$60,784.38</b>
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<b>Net Claim / Payment Amount</b>	<b>\$60,784.38</b>
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<b>YTD Amount:</b>	<b>\$128,317.41</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**SAN MATEO COUNTY TREASURER**  
C/O UNION BANK ST GOVT DEPT  
PO BOX 4035  
Sacramento CA 95812

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	56,093.54
November 2007 Fees Collected	51,786.06
December 2007 Fees Collected	51,957.77

<b>Gross Claim</b>	<b>\$159,837.37</b>
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<b>Net Claim / Payment Amount</b>	<b>\$159,837.37</b>
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<b>YTD Amount:</b>	<b>\$337,270.92</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SANTA BARBARA COUNTY TREASURER  
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	29,541.60
November 2007 Fees Collected	27,602.29
December 2007 Fees Collected	27,107.59

<b>Gross Claim</b>	<b>\$84,251.48</b>
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<b>Net Claim / Payment Amount</b>	<b>\$84,251.48</b>
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<b>YTD Amount:</b>	<b>\$177,205.61</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	121,406.33
November 2007 Fees Collected	112,302.21
December 2007 Fees Collected	116,052.26

<b>Gross Claim</b>	<b>\$349,760.80</b>
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<b>Net Claim / Payment Amount</b>	<b>\$349,760.80</b>
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<b>YTD Amount:</b>	<b>\$735,022.29</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SANTA CRUZ COUNTY TREASURER  
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	19,376.72
November 2007 Fees Collected	17,866.36
December 2007 Fees Collected	17,878.41

<b>Gross Claim</b>	<b>\$55,121.49</b>
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<b>Net Claim / Payment Amount</b>	<b>\$55,121.49</b>
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<b>YTD Amount:</b>	<b>\$115,768.56</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SHASTA COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812 1859

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	15,154.44
November 2007 Fees Collected	14,004.59
December 2007 Fees Collected	14,931.14

<b>Gross Claim</b>	<b>\$44,090.17</b>
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<b>Net Claim / Payment Amount</b>	<b>\$44,090.17</b>
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<b>YTD Amount:</b>	<b>\$92,401.70</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA 96097

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	4,523.58
November 2007 Fees Collected	3,997.31
December 2007 Fees Collected	4,344.19

<b>Gross Claim</b>	<b>\$12,865.08</b>
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<b>Net Claim / Payment Amount</b>	<b>\$12,865.08</b>
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<b>YTD Amount:</b>	<b>\$27,330.45</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**SOLANO COUNTY T TC**  
675 TEXAS ST STE 1900

FAIRFIELD CA 94533 6337

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	29,471.53
November 2007 Fees Collected	26,534.21
December 2007 Fees Collected	26,800.72

<b>Gross Claim</b>	<b>\$82,806.46</b>
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<b>Net Claim / Payment Amount</b>	<b>\$82,806.46</b>
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<b>YTD Amount:</b>	<b>\$176,579.35</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

SONOMA COUNTY TREASURER  
PO BOX 1204

SACRAMENTO CA 95812 1204

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	38,488.77
November 2007 Fees Collected	35,051.07
December 2007 Fees Collected	35,982.36

<b>Gross Claim</b>	<b>\$109,522.20</b>
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<b>Net Claim / Payment Amount</b>	<b>\$109,522.20</b>
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<b>YTD Amount:</b>	<b>\$230,243.89</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

STANISLAUS COUNTY TREASURER  
PO BOX 3052

MODESTO CA 95353 3052

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	35,036.07
November 2007 Fees Collected	31,607.15
December 2007 Fees Collected	34,286.24

<b>Gross Claim</b>	<b>\$100,929.46</b>
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<b>Net Claim / Payment Amount</b>	<b>\$100,929.46</b>
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<b>YTD Amount:</b>	<b>\$210,280.90</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

TRINITY CO TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	1,351.33
November 2007 Fees Collected	1,254.76
December 2007 Fees Collected	1,324.34

<b>Gross Claim</b>	<b>\$3,930.43</b>
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<b>Net Claim / Payment Amount</b>	<b>\$3,930.43</b>
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<b>YTD Amount:</b>	<b>\$8,246.88</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	26,357.32
November 2007 Fees Collected	24,093.16
December 2007 Fees Collected	25,002.07

<b>Gross Claim</b>	<b>\$75,452.55</b>
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<b>Net Claim / Payment Amount</b>	<b>\$75,452.55</b>
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<b>YTD Amount:</b>	<b>\$157,966.56</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

TUOLUMNE COUNTY TREASURER  
2 SOUTH GREEN ST

SONORA CA 95370

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	5,442.51
November 2007 Fees Collected	4,889.75
December 2007 Fees Collected	4,972.67

<b>Gross Claim</b>	<b>\$15,304.93</b>
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<b>Net Claim / Payment Amount</b>	<b>\$15,304.93</b>
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<b>YTD Amount:</b>	<b>\$32,416.59</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 980307  
WEST CA 95798 0307  
SACRAMENTO

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

**Fingerprint ID**

**Fiscal Year: 2007**

**Collection Period:** 10/01/2007 **To** 12/31/2007

**Payment Calculations:**

October 2007 Fees Collected	59,118.78
November 2007 Fees Collected	55,850.71
December 2007 Fees Collected	55,789.67

<b>Gross Claim</b>	<b>\$170,759.16</b>
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<b>Net Claim / Payment Amount</b>	<b>\$170,759.16</b>
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<b>YTD Amount:</b>	<b>\$363,138.16</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700084A  
PAYMENT ISSUE DATE: 02/13/2008

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

Financial Activity

**Additional Description:**

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 10/01/2007 To 12/31/2007

Payment Calculations:

October 2007 Fees Collected	13,375.09
November 2007 Fees Collected	12,507.08
December 2007 Fees Collected	12,978.95

<b>Gross Claim</b>	<b>\$38,861.12</b>
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<b>Net Claim / Payment Amount</b>	<b>\$38,861.12</b>
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<b>YTD Amount:</b>	<b>\$81,044.71</b>
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For assistance, please call: Cathy Leal at (916) 323-8077

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